



# KANSAS

MARILYN L. JACOBSON, INTERIM DIRECTOR

DEPARTMENT OF ADMINISTRATION  
DIVISION OF FACILITIES MANAGEMENT

KATHLEEN SEBELIUS, GOVERNOR  
DUANE A. GOOSSEN, SECRETARY  
CAROL L. FOREMAN, DEPUTY SECRETARY

## Certificate of Partial Occupancy

is hereby issued as of this date \_\_\_\_\_ for

Agency: \_\_\_\_\_

Agency/Building number: \_\_\_\_\_

Name of building/location: \_\_\_\_\_

Agency Point of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Description of construction and square footages: (i.e. new construction/renovation/addition)

Description of Occupancy: (ie list by room number or portion of building approved for occupancy – certificate of occupancy to be issued when entire building, addition or area is complete)

The areas of the building listed above have been inspected for compliance with the codes listed for the occupancy and the use for which the project is classified.

Codes: (list codes)

Occupancy/use

Type of Construction:

Automatic sprinkler required ☐ YES ☐ NO

Automatic Sprinkler Provided ☐ YES ☐ NO

Fire Alarm system required ☐ YES ☐ NO

Fire Alarm system provided ☐ YES ☐ NO

Any special stipulations/conditions:

\_\_\_\_\_  
Code Compliance Coordinator

This certificate of occupancy may be suspended or revoked wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code listed. The suspension or revocation shall be in writing by the Department of Administration.

<b>Agency-Building No.:</b>		<b>Agency and Facility Name:</b>		
<b>Description</b>	<b>Date Submitted/ Inspected</b>	<b>Signature of KSFM / DFM Representative</b> (items not applicable noted as NA)	<b>Date Accepted</b>	
1. Code Footprint				
2. Fire Alarm Plans / Shop Drawings				
3. Automatic Sprinkler Plans / Shop Drawings				
4. Fire Alarm System installed and tested per NFPA.				
5. Automatic sprinkler system installed and tested per NFPA.				
6. Emergency Lights tested.				
7. Back up Power (generator, inverter, battery, etc) tested.				
8. Fire Pump tested per NFPA.				
9. Standpipes tested per NFPA.				
10. Exit Paths verified to public way. (Includes exit sign verification and testing.)				
11. Elevator tested.				
12. ADAAG				